

ENCLOSURE 05
EMT COURSE EVALUATION

LEAD INSTRUCTOR (NAME)	COURSE #
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Please complete the following evaluation form.

1. Did classes start on time? _____

2. Did classes end on time? _____

3. Was the training equipment working properly? _____

4. Were there ample amounts of various equipment for all practical sessions?

5. What is your opinion of the course? _____

6. Do you feel prepared to provide emergency care? _____

7. In what ways can this course be improved? _____

8. Any other comments concerning the course? _____

PLEASE FILL OUT THE OTHER SIDE

EVALUATION OF COURSE INSTRUCTOR(S)

Instructor Name:					
QUALITY	EXCELLENT	GOOD	AVERAGE	FAIR	POOR
1. <i>Promote learning</i>					
2. <i>Knowledge of subject matter</i>					
3. <i>Creates atmosphere receptive to questions</i>					

4. <i>Presents material in manner easy to understand</i>					
Other Comments:					

Instructor Name:					
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Other Comments:					

Anything else you would like to comment about?